

BlueAlertSM



A monthly newsletter for our provider community, featuring important updates and reminders about our company's policies and procedures. All information is broken out by line of business.

BlueCross BlueShield of Tennessee, Inc.

This information applies to all lines of business unless stated otherwise.



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Troubleshooting Availity® Browser Issues

Some providers are experiencing issues loading Availity while using Google Chrome or Microsoft Edge. If you're experiencing similar issues, follow the steps below to troubleshoot the issue.

For problems with Availity while using Chrome:

1. Close all tabs within the browser
2. Open a new tab and input **Ctrl + H**
(Mac users **Command + H**)
3. Select **Delete browsing data**
4. Select **All time**, then select **Clear Data**
5. Open a new **Incognito tab** and go to **Availity.com**
(do not use a bookmarked link)

For problems with Availity while using Edge:

1. Close all tabs within the browser
2. Open a new tab and input **Ctrl + H**
(Mac users **Command + H**)
3. Select the **trash can symbol**
4. Select **All time**, then select **Clear Data**
5. Open a new **InPrivate window** and go to **Availity.com**
(do not use a bookmarked link)

If you still need help accessing Availity, please call **(423) 535-5717, option 2**, or contact your eBusiness Regional Marketing Consultant.

Check Member Benefits and Eligibility in Availity as Blues Plans Update ID Cards

The Blue Cross Blue Shield Association is requiring all Blues plans to update Member ID cards by 2028. We don't have a timeline for our updates yet – but you may start seeing them from other plans soon.

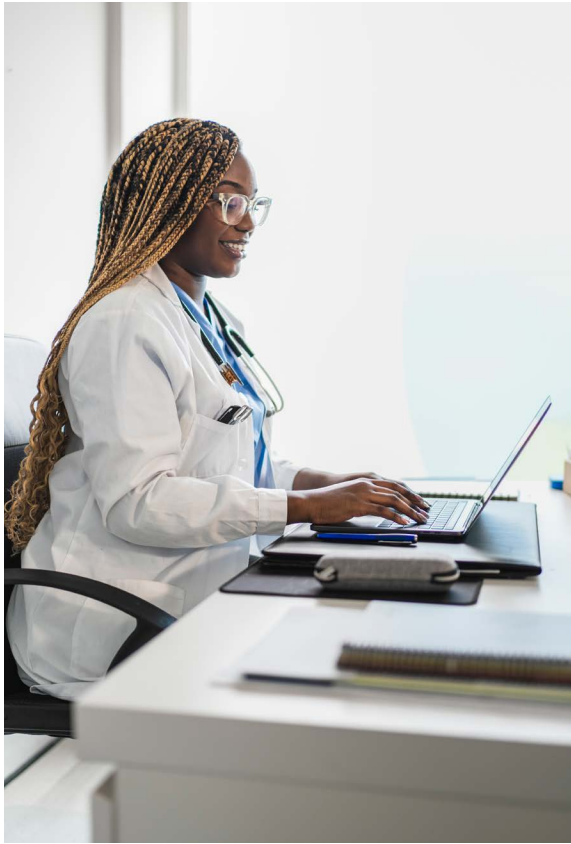
We recommend using Availity to check for the most accurate member benefits and eligibility information. As we have more information, we'll share it in future BlueAlerts.



Coming Soon: New Reconsiderations and Appeals Tool in Availity

We're excited to announce our new online reconsiderations and appeals tool will launch in Availity later this year. Providers currently submit reconsiderations and appeals by phone, fax, mail and email. This new tool will streamline that process.

For more information, please contact your **eBusiness Regional Marketing Consultant**.



Find Your Authorizations Faster

You can save time and avoid phone calls by quickly checking an authorization status in Availity. Here's how:

1. Log in to **Availity**.
2. Click on **Payer Spaces** and choose the **BlueCross logo**.
3. Choose the **Authorization Submission/Review** application.
4. Go to the **Auth Inquiry/Clinical Update** drop-down arrow, then choose **BCBST**.
5. Choose the **case ID number** to see the latest status.

We're no longer faxing authorization status letters, but you can view and print them from here.* After choosing the case ID number, look for the letter section in the upper right to view and print the authorization letters.

* This doesn't apply to Medicare Advantage.

If you have questions, please call **(423) 535-5717, option 2**, or contact your **eBusiness Regional Marketing Consultant**.

About the Provider Exclusion Screening Process

The health and safety of our members and your employees is important, which is why we'd like to remind you of your contractual obligation to screen all employees, agents and contractors (the "Exclusion Screening Process") against the exclusion lists.

You also need to conduct criminal background checks and registry checks in accordance with state law to determine whether any of them are "ineligible persons," and therefore, excluded from participation in the Medicare or Medicaid programs. At minimum, registry and exclusion checks must include the Tennessee Abuse Registry, Tennessee Felony Offender Registry, National and Tennessee Sexual Offender Registry, Social Security Death Master File, HHS-OIG List of Excluded Individuals and Entities (LEIE), System for Award Management (SAM), and the Tennessee Terminated Providers List.

The screenings should be conducted prior to hiring employees or contracting with individuals and entities, and every month following. Providers are also required to have employees and contractors disclose if they're ineligible persons prior to providing any services on behalf of the provider.

If you have questions, please refer to the "Provider Networks – Federal Exclusion Screening Requirement" section of the **BlueCross BlueShield of Tennessee** and **BlueCare Tennessee Provider Administration Manuals**.

Taxonomy Code Reminder

Professional claims need a taxonomy code (unique 10-character code that designates your classification and specialization) to be submitted for billing and rendering providers. The **National Plan and Provider Enumeration System (NPPES)** directory shouldn't be the single source of determining the correct taxonomy.

It's important that both the billing and rendering provider taxonomy codes match how you're credentialed and contracted with us. For example, if you have a pharmacy, specialty pharmacy or Durable Medical Equipment (DME) provider contract, you'll need to file with the specific taxonomy indicated for each contracted service. If you don't submit the appropriate taxonomy codes, your claims may be rejected, denied or result in reduced reimbursement.

Please be sure to file the two-digit qualifier with taxonomy.

Change of Ownership Reminder

Anyone acquiring a provider facility or group must give us at least 60 days advance notice of change of ownership (CHOW). You also need to submit a CHOW notification using the **Provider Change of Ownership Notification Form**. Once the transaction has closed, send us a copy of the executed bill of sale or purchase document (minus the purchase price) within five business days of closing. If you don't provide the required notice or documents, your payments could be impacted. For more details about CHOW requirements, please consult your BlueCross provider agreement or our PAM.

You can also find additional information in the Frequently Asked Questions document [here](#).

Provider Wait Time Surveys Coming Soon

Providers will receive our 2025 Provider Wait Times surveys between August and September. Please be sure to share your feedback so we can continue to work to enhance our service to you.

Commercial

This information applies to Blue Network PSM, Blue Network SSM, Blue Network LSM and Blue Network ESM unless specifically identified below.

New Commercial Prior Authorization Submission Process

Beginning in September, we'll be using Cohere Health technology to manage most prior authorizations for our Commercial lines of business. For your convenience, you'll continue to submit requests directly to us through Availity.

To learn more about this update, join one of our webinars hosted by eBusiness. Choose from one of the following August 2025 dates/times:

- Wednesday, Aug. 20 at 10 a.m. ET – [webinar link](#)
- Tuesday, Aug. 26 at 2 p.m. ET – [webinar link](#)
- Thursday, Aug. 28 at 11 a.m. ET – [webinar link](#)



If you have questions about using Availity, please call **(423) 535-5717, option 2**, or contact your eBusiness Regional Marketing Consultant. You can find additional training about the Cohere process on Availity.

Billing for Commercial Claims

To help us pay you accurately and process your claims in a timely manner, remember these tips:

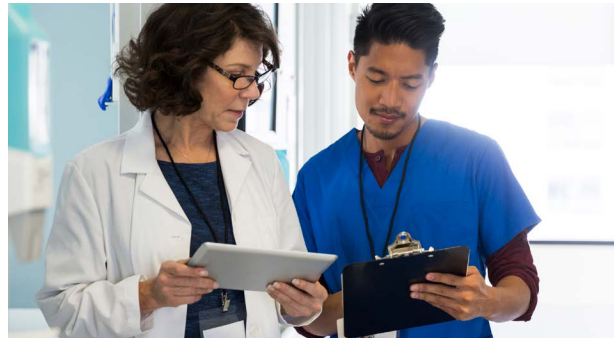
Primary diagnosis codes – According to the International Classification of Disease (ICD), certain diagnosis codes can only be billed in the first listed or primary diagnosis code field. There’s an identifier in some ICD 10-CM guidelines for these codes. We’ll edit the claim line if a primary-only diagnosis code is billed in a position other than first listed or primary.

Professional and technical component indicators – When both the professional and technical components for radiology, lab or other diagnostic procedures are performed, it’s appropriate to bill the service as a global procedure (i.e., without a 26 or TC modifier appended to the CPT® or HCPCS code). Improper billing could result in claim denial and delayed payment.

Note: This article only applies to Commercial, Commercial Host and FEP plans.

Future Updates: See the Latest and What Changes Are on the Way

Please review the table below to find the latest information from us and what changes are on the way. If you have questions, please contact your Provider Network Manager. If you’re unsure who that is, go to [My BlueCross Contact](#). For questions about medical policy updates please send an email to medical_policy@bcbst.com.



Update Type	Availability	Where to Find It
Coding Updates	60 days before the effective date	Go to the Coverage & Claims page on provider.bcbst.com. Updates are located under Coding Updates in the Coding Information section.
Lab Testing Policies	60 days before the effective date	Go to the Documents & Forms page on provider.bcbst.com.
Upcoming Prior Authorization Changes	60 days before the effective date	Go to the Documents & Forms page on provider.bcbst.com. Updates are located under Upcoming Prior Authorization Changes in the News & Updates section.
Pharmacy Updates	Updated as needed	Download a summary of select upcoming drug prior authorization criteria changes here .
Medical Policy Updates	60 days before the effective date	Go to the Manuals, Policies & Guidelines page on provider.bcbst.com. Updates are located under Coverage .

BlueCare Tennessee

This information applies to BlueCareSM, TennCareSelect and CoverKids plans unless specifically identified below.

Non-Emergency Medical Transportation for Your Patients

BlueCare and TennCareSelect members can get non-emergency medical transportation (NEMT) to and from health care appointments. All NEMT services should be scheduled and authorized before the trip. In most cases, members must schedule their ride at least two business days before their appointment. We provide information for our members about scheduling rides in the BlueCare and TennCareSelect member handbooks, which you can find on the [Documents and Forms](#) page of bluecare.bcbst.com.

Requesting NEMT Trips to Medical Services in Tennessee

Our members or their representatives can set up rides to in-state appointments by calling our transportation broker, Verida, at the phone number for their plan. They can also use Verida's member website.

- BlueCare: **1-855-735-4660**
- TennCareSelect: **1-866-473-7565**
- Member website: member.verida.com

Verida is available 24 hours a day, 365 days a year.

You can also schedule transportation on a patient's behalf through Verida's facility/provider website at facility.verida.com.

Out-of-State Trips or Trips for Minors Without an Escort

To schedule out-of-state trips or trips for minors traveling alone, your patients or their representatives should call us at the phone number for their plan:

- BlueCare: **1-800-468-9698**
- TennCareSelect: **1-800-263-5479**

We're available Monday through Friday from 8 a.m. to 6 p.m. ET.

For more information about your patients' transportation benefits, click [here](#) or visit bluecare.bcbst.com and select **Get a Ride**.

Note: The information in this article doesn't apply to CoverKids.



Updates to School-Based Nursing Services Guidelines

Some children with an Individualized Education Program (IEP), Individual Health Plan (IHP) or Individual Family Service Plan (IFSP) require medical or behavioral health care services while at school. We may reimburse medically necessary, TennCare-covered services in the student’s IEP, IHP or IFSP when provided in the school setting.

Effective July 1, 2025, TennCare updated its school-based nursing services guidelines (see table below). Non-oral medication administration for medically fragile students, as identified in an IEP, IFSP or IHP, remains a reimbursable service. However, the administration of oral medication (by tablet, capsule, thin films, syrups or solutions) is now excluded from the list of reimbursable services.* †

The updated table below includes school nursing services eligible for reimbursement. Please note, services must be medically necessary, covered and included in the IEP, IFSP or IHP to be eligible for reimbursement through a student’s BlueCare Tennessee plan.

If the service is billable, use corresponding CPT® code 99211 with place of service 03. This code is a global encounter code, billable once per day and includes ALL services received.

Service	Billable (Y) / Non-Billable (N)
Assessment and treatment of acute and chronic illnesses	Y
Blood glucose monitoring and testing	Y
Catheterization	Y
Colostomy care	Y
G-tube feeding	Y
Nebulizer treatment	Y
O2 saturation monitoring (pulmonary and/or cardiac disease)	Y
Tracheostomy care and suctioning	Y
Wound care	Y
Non-oral medication administration for medically fragile students as identified in IEP, IHP or IFSP * †	Y
Administration of oral medication – tablet, capsule, thin film, syrup or solution	N
Development, implementation of Individual Health Plan (IHP)	N
Evaluation of nursing service in the Individualized Education Program (IEP)	N
Postural drainage	N
Vital sign monitoring	N

* This is restricted to medication not administered orally that’s either (a) time sensitive where the medication can’t be administered in the home before arriving at school or (b) as needed where the medication is required if the circumstance arises, such as flare ups of asthma, sudden changes in blood sugar levels, etc.

† TennCare defines “medically fragile” students as children with a serious illness or condition documented by a licensed health care provider that may become unstable and change abruptly, resulting in a life-threatening situation. The medically fragile child requires frequent time-consuming administration of specialized care or treatment that is medically necessary. The care needs may be related to a chronic and/or progressive illness or a more acute, time-limited condition. Some medically fragile children/youth may also have behavioral health conditions.

The following requirements must be met to bill for these services:

- Inclusion in the IEP, IHP or IFSP
- Physician's order
- Parental consent form
- Documentation of medical necessity and service delivery
- Performed by a participating provider

School districts must submit claims for school-based services within 365 days of the date of service.



Join Us for a School-Based Services Webinar

We're hosting a webinar about school-based services for providers and school systems later this year. We'll share more details in future BlueAlert newsletters and by email.

For more information, view the [TennCare School-Based Services Billing Manual](#). If you have questions about this service or coverage requirements, please call our BlueCare Provider Service Team at **1-800-468-9736**.

Coming Soon: Abortion, Sterilization or Hysterectomy (ASH) Claims Review

In late 2025, we'll review BlueCare, TennCare*Select* and CoverKids claims that include an ASH code submitted with a date of service between July 1, 2024, and June 30, 2025. The retrospective ASH review includes an in-depth look at documents that may not have been required at the time claims were submitted. If you submitted a claim with an ASH code between these dates, we may contact you for additional records. **Note:** We may recover payment if we don't receive records within the requested time frame.

If you have questions about ASH review or ASH claims guidelines, please see the [BlueCare Tennessee Provider Administration Manual](#) or contact your Provider Network Manager.

Electronic Visit Verification Transition for Home Health Providers

Starting **Aug. 1, 2025**, all in-network home health agencies must have their third-party electronic visit verification (EVV) vendor connected to CareBridge or use CareBridge as their EVV vendor. To comply with the 21st Century Cures Act and ensure claims are paid accurately, agencies are required to use an EVV system to share data with us about home health services.

Not using a third-party EVV system connected to CareBridge or the CareBridge EVV system by Aug. 1 may delay claims payment or result in nonpayment. If you have questions, please contact your Provider Network Manager.

Tips for Promoting Childhood and Adolescent Vaccines

Vaccines are a key element of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) TennCare Kids exams. Delivering vaccines on schedule not only protects your patients' health but also lowers the risk of vaccine-preventable disease outbreaks. This is especially true for children ages 2 and younger.

August is National Immunization Awareness Month, which highlights the importance of vaccinations. Consider using the month of August to encourage families to get caught up on EPSDT visits and routine vaccinations before or at the beginning of the school year. Reviewing your medical records and the information in our **Quality Care Rewards** application can help identify patients who need preventive care and ensure they're up to date.

Important Vaccine Considerations

Tennessee law requires that providers get informed consent from a parent or legal guardian before giving a vaccine to a minor under age 18. For more information, you view the relevant law [here](#).

When administering and submitting claims for immunizations, please use the following CPT® codes:

Immunization Administration

CPT® Code	Description
90460	IA through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid component administered (Do not report with 90471 or 90473)
+90461*	IA through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered
90460 and 90461 are reported when the patient is 18 years or younger and the physician or other qualified health care professional performs face-to-face vaccine counseling	
90471	IA, one injected vaccine (Do not report with 90460 or 90473)
+90472	IA, each additional injected vaccine
90473	IA by intranasal/oral route; one vaccine (Do not report with 90460 or 90471)
+90474	IA by intranasal/oral route; each additional vaccine
90471-90474 are reported when the patient is over the age of 18 or when counseling is not performed	

***Please note:** CPT® code 90461 will only be reimbursed for vaccines that aren't administered through the Vaccines for Children program.

Below, we've included links to information from the CDC and American Academy of Pediatrics you can use when talking with patients about and administering vaccines.

- [Click here](#) to review a comprehensive list of all codes commonly administered pediatric vaccines.
- [Review the immunization schedules for children and adolescents.](#)

Note: The information in this article doesn't apply to CoverKids.

Join Us for the August 2025 EPSDT Virtual Coding Workshop

Please plan to attend the second EPSDT coding workshop of 2025, which is scheduled for **Aug. 6** from **noon-1:30 p.m. ET (11 a.m.-12:30 p.m. CT)**. During the virtual session, we'll provide updates, and you'll hear from the Tennessee Chapter of the American Academy of Pediatrics.

Registration is required. Please click [here](#) to fill out the registration form and save your spot. We hope you can attend and look forward to connecting with you.

Note: The information in this article doesn't apply to CoverKids.

World Breastfeeding Week (Aug. 1-7) and National Breastfeeding Month

August is Breastfeeding Awareness Month

August is a great time to reintroduce yourself and your staff to breastfeeding resources and benefits. Multiple breastfeeding awareness campaigns are observed in August, including:

- National Breastfeeding Month
- World Breastfeeding Week (Aug. 1-7)
- Black Breastfeeding Week (Aug. 25-31)

Breastfeeding Benefits for Members

BlueCare, TennCare*Select* and CoverKids members have access to lactation benefits, including medically appropriate lactation consultant services from in-network providers during pregnancy and the extended postpartum period. Parents can get services through telehealth or in person in a one-on-one or small group setting. Providers can learn more about those benefits [here](#).

How Can You Help?

According to the most recent National Immunization Survey by the CDC, the large difference between the rate of mothers who have the intention of breastfeeding and those still breastfeeding at six months indicate that many obstacles exist for mothers in their attempt to breastfeed. Some of those obstacles are:

- Lack of experience or understanding among family members of how best to support mothers and babies
- Not enough opportunities to communicate with other breastfeeding mothers
- Lack of up-to-date instruction and information from health care professionals
- Hospital practices that make it difficult to get started with successful breastfeeding
- Lack of accommodation to breastfeed or express milk at the workplace

There are many resources available to help you assist your patients in the breastfeeding journey:

- The [Tennessee Breastfeeding Hotline](#) is free and staffed seven days a week, 24 hours a day by International Board Certified Lactation Consultants (IBCLC). Their help is available to nursing mothers and partners, their families, expectant mothers, and health care providers seeking breastfeeding support and information.
- You can refer patients to an [IBCLC](#) or a [Designated Breastfeeding Expert](#).
- Take a [Lactation Course](#) from the Center for Breastfeeding.
- Encourage patients to connect with their local [La Leche League](#).
- Provide tips for incorporating lactation into practice.
 - These sites may have useful information: [Safety in Maternity Care | Breastfeeding | CDC](#) and [Baby-Friendly USA - 10 Steps & International Code](#).

Metoclopramide Coverage for Pregnant Patients

Metoclopramide (Reglan) is covered for pregnant patients with hyperemesis gravidarum who don't respond to or can't tolerate ondansetron. If you have questions about this coverage, please call the Provider Service line.



Training Opportunities for OB Providers and Others Caring for Pregnant Patients

A variety of trainings are available through the **Tennessee Initiative for Perinatal Quality Care (TIPOC)**, a statewide perinatal quality improvement effort.

To learn more about upcoming training opportunities, providers can sign up for email alerts [here](#).

Your Source for Division of TennCare Announcements

You can view announcements from TennCare in the **News and Updates** section of bluecare.bcbst.com/providers. These announcements replace the TennCare Provider Experience newsletter. We'll update them quarterly, so check back frequently for news you need.

BlueCare Plus Tennessee

This information applies to our Medicare and Medicaid dual-eligible special needs plans unless specifically identified below.

Reminder: Complete the 2025 Special Needs Plan Model of Care (MOC) Training

Providers participating in BlueCare Plus Tennessee special needs plans are contractually required to complete our MOC training after initial contracting, then every year afterward. This training promotes quality of care and cost effectiveness through coordinated care for our members with complex, chronic or catastrophic health care needs. You can access the online self-study training and attestation by [clicking here](#).

Quality Care Initiatives

This information applies to all lines of business unless specifically identified below.

THCII Episodes of Care Quarterly Report Release

Interim and final performance reports for Medicaid and Commercial Episodes of Care Quarterbacks will be available **Aug. 21, 2025**. If you're having trouble accessing your quarterly report, please call **(423) 535-5717** and press **option 2** or email eBusiness_Service@bcbst.com.

Reminder: Updated Time Frame for Episodes of Care Appeals

In the [April 2025 BlueAlert](#), we announced we're changing the time frame for appealing information in your final Episodes of Care performance report. As of May 1, 2025, you have 30 days from the date your final report is in Availity to appeal a gain-or risk-share payment. We'll then have 30 days to review and respond to your appeal.

This change aligned our processes with the other managed care organizations. It also lets us pay provider gain-share payments as soon as possible. For more information, please review our recently updated [Tennessee Health Care Innovation Initiative Provider Dispute Resolution](#).

Note: The information in this article doesn't apply to TennCare*Select* or CoverKids.

Maternal Health: An Overview of Pregnancy-Related Quality Measures

The importance of prenatal and postpartum care can't be overstated. Several Healthcare Effectiveness Data and Information Set (HEDIS®) measures assess if patients get recommended care during and after pregnancy.

Prenatal Visits and Depression Screenings

Prenatal visits in the first trimester are crucial for establishing the foundation for a healthy pregnancy. To close the prenatal care gap, patients should have a prenatal visit during the first trimester or within 42 days of enrolling in their health plan.

A critical component of these office visits is a prenatal depression screening. Using standardized tools, such as the Patient Health Questionnaire-9 (PHQ-9), enables health care providers to identify depression symptoms early. Following a positive depression screening, provide timely follow-up care within 30 days to address patient needs. This proactive approach not only bridges the care gap but also supports the overall health and safety of the pregnant patient during the prenatal period.



Prenatal Immunizations

Vaccination during pregnancy helps protect both the pregnant patient and unborn child from certain illnesses. Pregnant patients should have a flu vaccine between July 1 of the year prior to the measurement year and the delivery date to protect against the flu.

For protection against whooping cough (tetanus, diphtheria and pertussis), pregnant patients should have a Tdap vaccine – ideally between weeks 27 to 36. A previous Tdap vaccination before pregnancy doesn't give the same protection as the dose during pregnancy.

Postpartum Care

Postpartum care is a critical aspect of maternal health that should occur within seven to 84 days after delivery in an outpatient setting. Please document this care, including the date of the visit and the specific postpartum services provided. Screening for depression with an age-appropriate standardized tool, like the PHQ-9, is one component of these visits. Positive screenings should prompt timely follow-up care within 30 days to support maternal mental health and well-being.

Quick Tips for Quality Improvement

To close maternal gaps in care:

- The first prenatal appointment should occur during the first trimester to confirm and diagnose pregnancy.
- A prenatal depression screening can be conducted at any point during the prenatal period.
- Follow-up care for a positive prenatal depression screening must be completed within 30 days of the initial screening.
- A flu vaccine is recommended between July 1 of the year before pregnancy and delivery.
- A Tdap vaccine can be administered any time during pregnancy, optimally between 27 to 36 weeks for baby's protection.
- Postpartum outpatient visits should take place between seven to 84 days after delivery and include a depression screening.
- Follow-up care for a positive postpartum depression screening should occur within 30 days of the screening.

Sources

Pregnancy | ACOG – <https://www.acog.org/womens-health/pregnancy>

Vaccines During Pregnancy FAQs | Vaccine Safety | CDC – <https://www.cdc.gov/vaccinesafety/concerns/vaccines-during-pregnancy.html>

Vaccine Recommendations for Patients of All Ages

Vaccines are an important part of care for people of all ages – from babies to older adults. Well-visits are a covered benefit for our members and a great time to give immunizations.

Here's what's recommended by age to meet the HEDIS vaccine measures:

Childhood Immunization Status (CIS-E)

The following must be completed in full by a child's 2nd birthday:

- Four diphtheria, tetanus and pertussis (DTaP)
- Three polio (IPV)
- One measles, mumps and rubella (MMR)
- Three haemophilus influenzae type B (HiB)
- Three hepatitis B (Hep B)
- One hepatitis A (Hep A)
- One varicella (VZV – chicken pox)
- Four PCV (pneumococcal)
- Two or three RV (rotavirus)
- Two influenza (flu)

Note: For record review compliance, it's important to include in the record whether the rotavirus vaccine is the two- or three-dose vaccine.

Immunizations for Adolescents (IMA-E)

The following must be completed in full by an adolescent's 13th birthday:

- One meningococcal vaccine
- One tetanus, diphtheria and pertussis vaccine (Tdap)
- Two or three human papillomavirus (HPV) vaccines

Prenatal Immunization Status (PRS-E)

Patients who've delivered a live birth during the measurement year (Jan. 1-Dec. 31) should have the following vaccines:

- One Tdap vaccine during each pregnancy
- One flu vaccine sometime between July 1 of the year prior and the delivery date of live birth

Adult Immunization Status (AIS-E)

The following must be completed, with ages listed for each vaccine:

- One flu vaccine every year for ages 19 and older
- One Tdap/Td vaccine every 10 years for ages 19 and older
- Herpes Zoster vaccine/series – Age 50 and older
- Hepatitis B vaccine/series - Ages 19 and older
- Pneumococcal vaccine – Age 65 and older

For more information about administering vaccines, please see these resources from the CDC and American Academy of Pediatrics:

- Review a comprehensive list of all codes commonly administered for pediatric vaccines.
- Review the immunization schedules for people of all ages.

Documentation Tips:

- Use accurate ICD-10, CPT, and CVX codes.
- Record immunizations in both medical records and immunization registries.
- Document contraindications or refusals clearly—they may be counted toward measure compliance.

How You Can Help:

- Promote vaccine conversations at every adult preventive visit.
- Set EHR alerts for age-based vaccine due dates.
- Engage patients through education, myth-busting and follow-up reminders.
- For updated coding tools, member brochures and staff education materials, contact our Commercial Clinical Quality and Performance Improvement team at GM_Commercial_Quality_Improvement@bcbst.com

Pharmacy

This information applies to all lines of business unless specifically identified below.

Refer to the TennCare Pharmacy Benefit Manager for Important Updates

Please [click here](#) to review important notices about prescribing changes, authorization guidelines and other items related to the TennCare Pharmacy Program.

BlueCross BlueShield of Tennessee, Inc., BlueCare Tennessee and their licensed health plan and insurance company affiliates comply with the applicable federal and state laws, rules and regulations and does not discriminate against members or participants in the provision of services on the basis of race, color, national origin, religion, sex, age or disability. If a member or participant needs language, communication or disability assistance, or to report a discrimination complaint, please, call **1-800-468-9698** for BlueCare, **1-888-325-8386** for CoverKids or **1-800-263-5479** for TennCareSelect. For TTY help call **771** and ask for **1-888-418-0008**.

This information is educational in nature and is not a coverage or payment determination, reconsideration or redetermination, medical advice, plan pre-authorization or a contract of any kind made by BlueCross BlueShield of Tennessee, Inc. or any of its licensed affiliates. Inclusion of a specific code or procedure is not a guarantee of claim payment and is not instructive as to billing and coding requirements. Coverage of a service or procedure is determined based upon the applicable member plan or benefit policy. For information about BlueCross BlueShield of Tennessee member benefits or claims, please call the number on the back of the member's ID card.

Archived editions of BlueAlert are available [online](#).

Contact Us Through Availity

Availity® makes it easy for you to do business with us online anytime, offering faster prior authorizations, claims decisions and more. You can log in at **Availity.com** to:

- Check benefits, eligibility and coverage details
- Manage prior authorizations
- Enroll a provider
- Request claim status
- View fee schedules and remittance advice
- Manage your contact preferences



PROVIEW™

Be sure your **CAQH ProView™** profile is kept up to date at all times. We depend on this vital information.

Important Note:

If you have moved, acquired an additional location, changed your status for accepting new patients, or made other changes to your practice or facility:

Please visit our payer space at [Availity.com](#) and update your information.

Update your provider profile on the [CAQH Provider Portal](#) website.

Questions? Call 1-800-924-7141.

BlueCross BlueShield of Tennessee, Inc., BlueCare Tennessee, BlueCare Plus Tennessee and SecurityCare of Tennessee, Inc., Independent Licensees of the Blue Cross Blue Shield Association.

Provider Service Lines:

Featuring "Touchtone" or "Voice Activated" Responses

Commercial Service Lines	1-800-924-7141
Monday-Friday, 8 a.m. to 6 p.m. (ET)	
Commercial UM	1-800-924-7141
Monday-Thursday, 8 a.m. to 6 p.m. (ET) Friday, 9 a.m. to 6 p.m. (ET)	
Federal Employee Program	1-800-572-1003
Monday-Friday, 8 a.m. to 6 p.m. (ET)	
BlueCare	1-800-468-9736
TennCareSelect	1-800-276-1978
CoverKids	1-800-924-7141
CHOICES	1-888-747-8955
ECF CHOICES	1-888-747-8955
Monday-Friday, 8 a.m. to 6 p.m. (ET)	
BlueCare PlusSM	1-800-299-1407
Seven days/week, 8 a.m. to 6 p.m. (ET)	
Select Community	1-800-292-8196
Monday-Friday, 8 a.m. to 6 p.m. (ET)	
BlueCard	
Benefits & Eligibility	1-800-676-2583
All other inquiries	1-800-705-0391
Monday-Friday, 8 a.m. to 6 p.m. (ET)	
BlueAdvantage	1-800-924-7141
Seven days/week, 8 a.m. to 9 p.m. (ET)	
eBusiness Technical Support	
Phone: Select Option 2 at	(423) 535-5717
Email:	eBusiness_service@bcbst.com
Monday-Thursday, 8 a.m. to 6 p.m. (ET)	
Friday, 9 a.m. to 6 p.m. (ET)	